

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Seiber et al.

Title:

DISPLAY BOARD SYSTEM

Prior Appl. No.:

09/182,999

Prior Appl. Filing Date:

Examiner:

To Be Determined

Art Unit:

To Be Determined

CERTIFICATE OF EXPRESS MAILING hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. 09/25/00 .640468053 (Express Mail Label Number) (Signature)

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

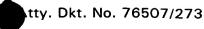
of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claims, and Abstract (37 pages).
- [X] Formal drawings (27 sheets, Figures 1-45).
- [X] Copy of Executed Declaration and Power of Attorney (5 pages).
- [X] Preliminary Amendment (9 pages).
- [] Assignment of the invention to Steelcase Development Inc.
- [] Assignment Recordation Cover Sheet.
- Check in the amount of \$40.00 for Assignment recordation.

001.864463







Small Entity statement.

Information Disclosure Statement.

Form PTO-1449 with copies of 187 listed references.

g fee is calculated below:

| • | Claims as Filed | | Included in Basic Fee | | Extra Claims | | Rate | | Fee Totals |
|--|--------------------|-----|--------------------------|-------|-----------------|----------|-------------|--------|---------------|
| Basic Fee | | | | | | | \$690.00 | | \$690.00 |
| Total Claims: | 38 | - | 20 | = | 18 | × | \$18.00 | = | \$324.00 |
| Independents: | 3 | - | 3 | _ = | 0 | × | \$78.00 | = | \$0.00 |
| If any Multiple Dependent Claim(s) present: + \$260.00 | | | | | | \$260.00 | = | \$0.00 | |
| | | | | | | | SUBTOTAL: | = | \$1014.00 |
| .] | Small | Ent | ity Fees | Apply | / (subtrac | ct ½ | of above): | = | \$0.00 |
| | | | | | TOT | AL I | FILING FEE: | = | \$1014.00 |

- [X] A check in the amount of \$1014.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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